

CONFIDENTIAL

(This information is provided for Security and Law Enforcement Use only)

IDENTIFICATION BADGE REQUEST FORM

DATE _____

(NOTE : THIS INFORMATION MUST BE COMPLETED BY THE INDIVIDUAL EMPLOYEE
BEING PHOTOGRAPHED FOR THE CITY ID/SECURITY ACCESS BADGE)

EMPLOYEE ID # _____ ENCODED BADGE NUMBER _____
(To be filled in by badging person)

NAME: _____
LAST FIRST MI

DEPARTMENT : _____ DIVISION: _____

JOB CLASSIFICATION: _____
YOUR JOB TITLE

ORGANIZATION NUMBER: _____ WORK PHONE NUMBER (_____)
AREA CODE PHONE NUMBER

JOB LOCATION: _____
WHERE YOU REPORT TO WORK

TEXAS DRIVER'S LIC. NUMBER: _____
TDL OR CDL OR TEXAS ID CARD

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

SEX: _____ RACE: _____ DATE OF EMPLOYMENT: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____ HOME PHONE: _____

EMERGENCY CONTACT
PERSON NAME: _____ RELATION: _____

EMERGENCY CONTACT # (_____) _____ (Not need to be different from your home phone number)
AREA CODE PHONE NUMBER

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

EMPLOYEE/CONTRACTOR SIGNATURE: _____

PRINT AUTHORIZING AUTHORITY'S NAME _____
(Must be Manager or Above)

TITLE _____ (Must be Manager or Above) PHONE # _____
AUTHORIZING AUTHORITY'S
EMPLOYEE ID NUMBER _____

AUTHORIZING AUTHORITY'S SIGNATURE: _____